



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 6294

<b>SERIAL NUMBER</b> 09/822,161	<b>FILING DATE</b> 03/30/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> MGH 1512 CIP
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**APPLICANTS**  
Michael Detmar, Arlington, MA;  
Joseph P. Vacanti, Winchester, MA;  
Michael Streit, Boston, MA;  
Antonia E. Stephen, Boston, MA;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A CIP OF 09/536,087 03/24/2000 *in my docket*  
WHICH CLAIMS BENEFIT OF 60/127,221 03/31/1999 *A*  
THIS APPLICATION 09/822,161 03/30/2001  
IS A CIP OF 09/770,339 01/26/2001 *someone else ordered*  
WHICH CLAIMS BENEFIT OF 60/178,842 01/27/2000 *Earliest date*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*NONE*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
\*\* 06/29/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>A. On NM</i> Initials				

**ADDRESS**  
23579

**TITLE**  
Delivery of thrombospondin from implantable tissue matrices

<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit